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No. 1237 P. 1

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)

Applicant(s): **Doug A. Kaufmann**

Docket No.

700725-1003

Application No.

10/798,691

Filing Date

3/11/04

Examiner

Nancy L. Zhang

Group Art Unit

1614

Invention: **METHOD OF TREATING AND PREVENTING DIABETES**

I hereby certify that this **Request for Withdrawal as Attorney (originally filed 5-9-06)**

(Identify type of correspondence)

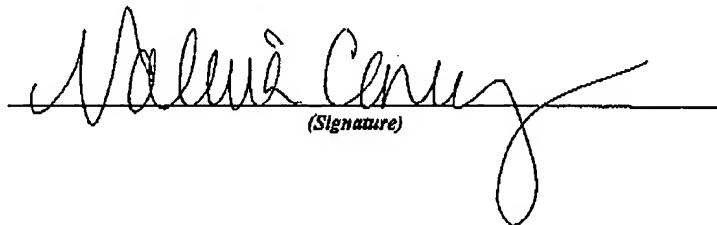
is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. **1-571-273-8300**)

on **10-23-06**

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Valeria Carey

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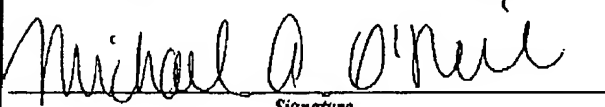

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No. 1237 P. 2

| | | | | | |
|---|------------------------|----------------------------|---|---------------------------|--------------------------|
| TRANSMITTAL LETTER (General - Patent Pending) | | | | Docket No. 700725-1003 | |
| In Re Application Of: Doug A. Kaufmann | | | | | |
| Application No. 10/798,691 | Filing Date 3/11/04 | Examiner Nancy L. Zhang | Customer No. 38406 | Group Art Unit 1614 | Confirmation No. 6201 |
| Title: METHOD OF TREATING AND PREVENTING DIABETES | | | | | |
| <u>COMMISSIONER FOR PATENTS:</u> | | | | | |
| Transmitted herewith is: Request for Withdrawal As Attorney Or Agent And Change of Correspondence Address (filed originally on 5-9-06) | | | | | |
| in the above identified application. | | | | | |
| <input checked="" type="checkbox"/> No additional fee is required. <input type="checkbox"/> A check in the amount of _____ is attached. <input type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. _____ as described below. <input type="checkbox"/> Charge the amount of _____ <input type="checkbox"/> Credit any overpayment. <input type="checkbox"/> Charge any additional fee required. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | |
|  _____ Signature | | | Dated: October 23, 2006 | | |
| Michael A. O'Neil Michael A. O'Neil, P.C. 5949 Sherry Lane, Suite 820 Dallas, TX 75225 | | | I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence | | |
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No. 1237 P. 3

PTO/SB/83 (01-06)

Approved for use through 12/31/2008. OMB 0651-0035

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

| | |
|------------------------|------------------|
| Application Number | 10/798,891 |
| Filing Date | 3/11/04 |
| First Named Inventor | Doug A. Kaufmann |
| Art Unit | 1614 |
| Examiner Name | |
| Attorney Docket Number | 700725-1003 |

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number 38406

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name Doug Kaufmann

Address 301 W. Washington Street

City Rockwall State TX Zip 75087

Country USA

Telephone (972) 772-0990 Email itsafungus@yahoo.com

Signature 

Name Michael A. O'Neil Registration No. 23,007

Date 5-9-06 Telephone No. 214-739-0088

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1460, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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